



City of Cambridge
Community Development Department
344 Broadway
Cambridge MA 02139

LEAD-SAFE CAMBRIDGE INTAKE FORM (NON-RESIDENT)

Office Use Only

Information Compiled By: _____

Date Compiled: _____

Non-Resident Owner Information

First Name

Last Name

Trust/Corporation/Partnership/Individuals

Street Address

Unit#

City

State

Zip Code

Telephone/Day

*Area Code Required

Telephone/Evening

*Area Code Required

Other Contact Name (Property Mgr.)

Other Contact Telephone

*Area Code Required

How did you hear about LSC?

Property To Be Deleaded

Street Address

Unit#

Zip Code

Total # of Units in Bldg

Total # of Bedrooms in enrolled unit

Year of Construction

LEAD-SAFE CAMBRIDGE INTAKE FORM (NON-RESIDENT)

Tenant Information

Vacant

First Name

Last Name

Telephone

*Area Code Required

Primary Language

Is Any Member of the Household Pregnant Yes No Don't know

Total # of Occupants

Total # of Children Under 6 Years Old

Section 8 or Other Subsidy? Yes No

LIST ALL ADDITIONAL OCCUPANT Describe Relationship to Tenant:

First

Last

(spouse, son, daughter, etc.)

Other Property Information

Under Order to Delead? (Check One) Yes No

Violation Correction? (Check One) Yes No

Non-profit CDC involvement (Check One) None CNAHS CCHDI
HRI JAS Other

Name/Phone for CDC Contact person: Name

Phone

*Area Code Required

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Extent of Additional Concurrent Work to Be Done by CDC? (Check One)

None

Pre-requisite work only

Weatherization/Housing code repair (<\$5,000)

Moderate rehab (\$<15,000)

Substantial rehab (<25,000)

Gut rehab (\$25,000+)

APPLICANT CERTIFICATIONS

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT'S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.

Applicant's Signature

Date

THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.

Applicant's Signature

Date